

Portside Christian College

Application for Employment - Teacher

Personal Information

Mr/Mrs/Ms/Miss/Dr/Other	
Last name	
Given names	
Residential Address	
Postal Address (if different)	
Telephone	
Mobile	
Home	
Email	
Date of Birth	
Nationality	

Do you have any physical condition, medical condition or any other condition which may affect your ability to perform the required duties?

Yes		No	
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If 'Yes', please provide details

Are there any other reasons which may affect your ability to perform the required duties?

Yes		No	
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If 'Yes', please provide details

Have you ever been convicted or found guilty of a criminal offence?

Yes		No	
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If 'Yes', please provide details

Are you willing to undertake a Department for Communities and Social Inclusion (DCSI) screening check?

Yes		No	
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Personal Information continued

Are you willing to undergo a medical examination, if requested?

Yes		No	
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Position Details

Position sought	
Date advertised (if applicable)	
SA Teacher Registration number	

Teacher Registration

Have you ever been (please tick)

	Yes	No
Dismissed from teaching?		
Asked to resign from teaching?		
Refused teacher registration?		
Required to or had your teacher registration cancelled?		

Christian Background

Give a brief account of how and when you became a Christian

Describe your relationship with the Lord at present

Your Church Background and Details

What denomination is your Church?	
Which Church are you presently involved with?	

Current Pastor's Details	
Name	
Mobile	
Church Landline	
Email	

Which of the following describes your Church attendance the best? (please tick)

<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Special occasions only e.g. Christmas	<input type="checkbox"/>
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In what capacity are you involved in your local Church, other than church attendance?

Your Perspective

Give a brief account of your position regarding Creation Science. Explain your position clearly regarding the theory of evolution and what the Bible teaches

What is your personal position on the following?

Discipline and Behaviour Management

Use of drugs and other addictive substances (eg tobacco, alcohol)

Sexuality (marriage, living together, sex before marriage)

Homosexuality

Dress (attire)

The occult (including astrology, spiritism, Halloween)

How would you incorporate a Biblical World View in your teaching?

Training and Qualifications

What degree or degrees do you hold?

Degree	Name of Institution	Year Conferred

What were your major fields of study?

What were your minor fields?

How would you define your computing skills? (E.g. advanced, intermediate, basic)

What tertiary training (apart from university courses) have you had?

Course	Name of Institution	Year Completed

What Bible College courses or other Christian Education courses have you undertaken?

Course	Name of Institution	Year Completed

Previous Experience

Please list all previous teaching experience

Year/s	Name of Institution	Year Level/s

Preferred subjects/year levels

Please indicate subjects/year levels that you would like to teach

Year Levels	Subject
e.g. Year 8	e.g. Design and Technology

Educational Responsibilities

Please list all key previous educational responsibilities

Year/s	Name of Institution	Responsibility

Highest Levels of Leadership

Please list the highest levels of leadership that you have held

Year/s	Name of Institution	Level

Other Experience

List any other employment experience that you have had

Year/s	Employer	Position

Have you had experience in curriculum development, writing curriculum materials or policy development?

Yes		No
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If yes, give details

Special Interest Areas

Please tick any of the following for which you have special training, experience or interest. List additional areas of interest

Activity	✓	Comment
Singing		
Choir		
Piano		
Other musical instrument		
Art		
Expressive arts		
Physical Education		
Science		
ICT		
Photography		
Crafts		
Orienteering		
Bushwalking		
Mechanics		
Electronics		
Library		
Student counselling		
College Year Book		
Other		

Please comment on anything else you think may be relevant to this application

References

Name and address of two referees from whom confidential reports may be obtained (other than your Church Pastor detailed above)

Referee 1

Name	
Address	
Position	
Contact Phone No.	

Referee 2

Name	
Address	
Position	
Contact Phone No.	

Portside Christian College

Statement of Beliefs

We believe

- In the Bible as the inspired Word of God.
- In God, the Creator, who has revealed Himself in the Persons of the Father, Son and the Holy Spirit.
- In the Divinity, the virgin birth and the sinless Humanity of Jesus Christ, and in His miraculous ministry, His suffering and death on the Cross as the only Saviour for the sins of the world, and His resurrection from the dead.
- That Jesus will return to the earth as its final Judge of the living and the dead.
- That all people fall short of God's perfect standard and can only find forgiveness through faith in the saving work of Jesus Christ.
- That all people who have put their faith in Jesus Christ will witness a transformation in their lives, exemplified by repentance and holiness of conduct.
- In Christian Baptism, by full immersion in water, of those who have personally placed their faith in Jesus Christ.
- In regularly celebrating the Lord's Supper, remembering Jesus Christ's saving work.
- In the Baptism in the Holy Spirit, with the normal initial evidence of speaking in unknown languages.
- In the miraculous gifts of the Holy Spirit.
- That God heals the sick today through active faith in His grace.
- In the power of prayer.
- In God's community of believers, the church and its responsibility to spread the message of the Gospel to all people and nations.

	Yes	No
Do you agree with and support Portside Christian College's Statement of Belief?		

College Values

The College values are

- Christ-Centred *Learning*
- Christ-Centred *Caring*
- Christ-Centred *Serving*
- Christ-Centred *Community*

	Yes	No
Will you support and uphold Portside Christian College's Values?		

Name	
Signature	
Date	

Declaration

I declare

- That the answers to the foregoing are to the best of my knowledge true and correct in every way.
- That if my application for employment is successful I will be bound by and will at all times observe and respect such terms and conditions of my employment and such policies and rules as may from time to time be promulgated, specified or otherwise stipulated by my employer.
- That I understand that any erroneous or false declaration made by me in this application may result in disciplinary action, or possible dismissal.
- That I understand that if my application is successful my employment is subject to a satisfactory medical report provided by a Medical Practitioner nominated by the employer and a National Police Certificate check. Such examinations will be paid for by the employer.

Name	
Signature	
Date	